

## 2008/2009 MERIT PAY I APPLICATION INFORMATION

The "Best Beginnings" Merit Pay program was developed with the goal of improving the quality of services for young children, by encouraging child care providers and care givers to participate in training and/or education. **Individual Merit Pay I awards will be available based on the following criteria:**

1. Every Merit Pay I participant must be an active member of the Montana Early Care and Education Practitioner Registry **before receiving** any Merit Pay I funds; however, you may **apply** for Merit Pay if you are not a current member.
2. To qualify for a Merit Pay I award, an individual must work a minimum of 15 hours a week in an early childhood facility that is either registered or licensed by the Department of Public Health and Human Services. Applicants who have not received the award previously and those who are completing a credential in early childhood education or a related field will receive first priority. Applicants who are in the process of becoming licensed or registered, but have not yet been granted a certificate, are eligible to apply. Applicants will need to prove that a license or registration has been granted before Merit Pay funds will be released. Each staff person in a facility is eligible to receive an award. ***Early care and education practitioners may apply for only one of the three Merit Pay Programs.***
3. **Merit Pay I** - Participants completing and verifying 23 hrs or 50 hours of approved early childhood training may receive either \$250 or \$500 award (training may include the 8-hours of annual training needed for registration or licensure). See Merit Pay Brochure for more information.
4. Applicants **must** submit a **Plan of Study** for Merit Pay I approval.
  - \* All training must be approved through the Montana Early Care and Education Career Development training approval system.
5. The following Training and/or Education **DOES NOT QUALIFY** for Merit Pay I:
  - \* Program Instruction required to participate in the Child and Adult Care Food Program (CACFP)
  - \* Hours associated with CPR & First Aid
  - \* College credit bearing classes

**Training must be completed between August 1, 2008 & August 31, 2009 to be eligible for the 2008-2009 Merit Pay Award.**

To learn about additional training and/or education resources visit the web at: [www.childcare.mt.gov](http://www.childcare.mt.gov) or The Montana Early Care and Education Career Development; Early Childhood Project office at 1-800-213-6310 or on the web at: [www.ecp@montana.edu](mailto:www.ecp@montana.edu)

**6. The applicant must choose either Track I (23 hours of training) or Track II (50 hours of training).** Participants may not switch tracks or receive a reduced award if an approved plan of study is not completed. **EXAMPLE:** An individual is approved for Track II (50 hours of training) yet only 27 hours of training is completed. They cannot receive the payment for Track I, even though the number of hours required for the \$250 award was exceeded.

7. CCR&R agencies will also receive a copy of each approved Plan of Study for participating practitioners in their districts. This will enable CCR&R agencies to coordinate training and assist practitioners if modifications to their Plans of Study are needed during the course of the year.

The attached application and Plan of Study must be completed and received in the Department of Public Health and Human Services - Early Childhood Services Bureau office, no later than 5:00 p.m., September 19, 2008. The application and Plan of Study will be reviewed and applicants will receive a copy of the approved plan or notice of denial by October 13, 2008.

**\*FAXED APPLICATIONS WILL NOT BE ACCEPTED\***

Send to:  
Early Childhood Services Bureau  
111 N Jackson Street 5th Floor  
Merit Pay Application  
PO Box 202925  
Helena, MT 59620-2925

If you have any questions please contact your district CCR&R agency or the ECSB, Program Specialist at 1-866-239-0458 or visit our web site at [www.childcare.mt.gov](http://www.childcare.mt.gov)



BEST BEGINNINGS QUALITY CHILD CARE INITIATIVES

**MERIT PAY I APPLICATION**

FOR TRAINING RECEIVED AUGUST 1, 2008- AUGUST 31, 2009

(NOTE: Please type or print using blue or black ink.) Only one type of Merit Pay program may be applied for each year.

Name: \_\_\_\_\_ PS# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ PV#: \_\_\_\_\_

Child Care Resource and Referral District: \_\_\_\_\_

1. Type of program you work at:

***Applicants must work a minimum of 15 hours/week in an early childhood facility that is registered/licensed with DPHHS.***

☐ Family Child Care Home ☐ Group Child Care Home ☐ Child Care Center/Licensed Head Start/EHS

2. Is your program currently seeking accreditation? ☐ Yes ☐ No ☐ NAFCC ☐ NAEYC

3. Are you a member of the MT Early Care and Education Practitioner Registry? ☐ Yes ☐ No If yes, what level? \_\_\_\_\_

4. Have you received Merit Pay before? ☐ Yes ☐ No Year: \_\_\_\_\_

5. Are you currently seeking an Early Childhood or Child Development Certification or Degree? ☐ Yes ☐ No

If yes check which Certification or Degree:

☐ Child Development Associate ☐ Child Care Development Specialist ☐ Associates of Arts Degree

☐ Bachelor of Arts Degree/Bachelor of Science Degree ☐ Masters Degree

6. Have you completed a degree in Early Childhood or Child Development? ☐ Yes ☐ No List Degree: \_\_\_\_\_

7. Please describe your Education Background:

8. Please provide a brief summary of your career goals:

9. Briefly discuss how you think additional training will enhance your ability to work with young children:

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FOR ECSB OFFICE USE ONLY

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **Track I**

☐ **Track II**

**\*You *must* sign both the **Signature of Director/Owner** and **Applicant Signature** even if you are the owner/director\***